


# MONTANA BOARD OF HOUSING

## FAX RESERVATION FORM - DATE:

**RESERVATION/LOAN NO:** \_\_\_\_\_ / **COMMITMENT EXPIRATION DATE:** \_\_\_\_\_

### 1<sup>ST</sup> MORTGAGE

LENDER LOAN #:  
 \* PROGRAM:  
 \* LOAN TYPE:  
 \* AMOUNT:  
 \* TERM: \_\_\_\_\_ months  
 \* INTEREST RATE: \_\_\_\_\_ %

### 2<sup>ND</sup> MORTGAGE LOAN NO:

LENDER LOAN #:  
 \* PROGRAM:  
 LOAN TYPE:  
 \* AMOUNT:  
 \* TERM: \_\_\_\_\_ months  
 \* INTEREST RATE: \_\_\_\_\_ %

### BORROWER

\* NAME (LAST, FIRST M):  
 \* SOCIAL SEC. NO:  
 \* AGE:  
 \* GENDER:  
 \* ETHNICITY:  
 \* MARITAL STATUS:  
 \* SINGLE PARENT:  
 \* WAGES (ANNUAL):  
 OTHER INCOME:

### CO-BORROWER

\* NAME (LAST, FIRST M):  
 \* SOCIAL SEC. NO:  
 \* GENDER:  
 \* MARITAL STATUS:  
 \* SINGLE PARENT:  
 \* WAGES (ANNUAL):  
 OTHER INCOME:

### PROPERTY

\* PURCHASE PRICE:  
 \* ACQUISITION COST:  
 \* NEW/EXIST/REHAB:  
 \* HOUSING TYPE:  
 \* ADDRESS:  
 \* CITY:  
 \* ZIP:  
 COUNTY / MSA:  
 \* TARGETED:

### HOUSEHOLD

\* HOUSHOLD SIZE:  
 # OF INCOME RECIPIENTS:  
 # OF PERSONS OVER 18:  
 # OF PERSONS UNDER 18:  
 # OF DEPENDENTS:  
 # OF ELDERLY:  
 \* PRIOR HOMEOWNER:  
 NON-APPLICANT INCOME:  
 TOTAL HSHLD INCOME: (Read Only)

### LENDER INFORMATION

LENDER SIGNATURE:  
 PRINTED SIGNATURE:  
 PHONE #: \_\_\_\_\_ FAX#: \_\_\_\_\_  
 EMAIL ADDRESS:

### MBOH USE ONLY

APPROVED:  
 DATED:

#### DISCLAIMER STATEMENT

PART 3 – **AMENDMENTS**- Requests for an **EXTENSION OF TIME** to deliver the mortgage loan shall be done by e-mail or fax. Extensions will be granted in 30-day increments. The Lender understands the purchase price of such loan shall be discounted 1/4 of 1% for each 30 day extension granted. **ONLY THE LENDER SHALL PAY THE EXTENSION FEE.** All requests for an **INCREASE or DECREASE** of the Reservation Loan amount shall be done by e-mail or fax. A **CANCELLATION FEE** of 1/2% of 1% of the loan amount will be assessed for all cancellations that are not APPRAISAL RELATED. All cancellation requests shall be done by e-mail or fax with an explanation and/or documentation as to why the cancellation of the Reservation is being requested. Upon review, the Mortgage Lender shall be notified as to the assessment of the Cancellation Fee.

**INCREASE / DECREASE LOAN AMOUNT TO \$**

**EXTEND COMMITMENT DATE TO:**

MBOH APPROVED:

DATE:

MBOH APPROVED:

DATE:

FEE:

%